



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

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2017 MAR 31 PM 1:33

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

1. Entity ID Number <b>0001666217</b>		2. Exact name of the Corporation <b>D2D ENTERTAINMENT, INC.</b>			
3. Principal Office Address <b>ONE FRANKLIN SQUARE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>71 - Arts, Entertainment, and R</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE AN ENTERTAINMENT VENUE</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>GERARD DISANTO II</b>			Vice-President Name <b>GERARD DISANTO II</b>		
Street Address <b>ONE FRANKLIN SQUARE</b>			Street Address <b>ONE FRANKLIN SQUARE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02917</b>
Secretary Name <b>GERARD DISANTO II</b>			Treasurer Name <b>GERARD DISANTO II</b>		
Street Address <b>ONE FRANKLIN SQUARE</b>			Street Address <b>ONE FRANKLIN SQUARE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>1000</b>	<b>COMMON</b>	<b>0.00</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative <b>GERARD DISANTO II</b>				Date <b>3/31/17</b>	
Signature of Authorized Representative 				<b>FILED</b> <b>SIGN DOCUMENT HERE</b> <b>MAR 31 2017</b> <b>BY <u>0299950</u></b>	